

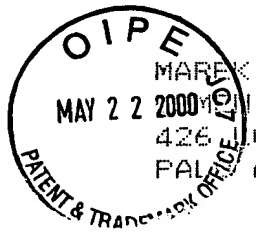
PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with applicable fees, to:

Box ISSUE FEE
Assistant Commissioner for Patents
Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)



QMI2/0502
MAREK ALBOSZTA
INTELLECTUAL PROPERTY SERVICES
426 HOWELL AVENUE
PALO ALTO CA 94301

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Heather Bedy (Depositor's name)

Heather Bedy (Signature)

5.15.2000 (Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/437,735	11/09/99	026	MANUEL, G	3737 05/02/00
First Named Applicant	EDWARDS, 35 USC 154(b) term ext. = 0 Days.			

TITLE OF INVENTION: METHOD FOR PRESENTING HIGH LEVEL INTERPRETATIONS OF EYE TRACKING DATA CORRELATED TO SAVED DISPLAY IMAGES

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2	S98-216	351-209.000	L86	UTILITY	YES \$605.00	08/02/00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. WOMEN INTELLECTUAL PROPERTY SERVICES

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The Board of Trustees of the Leland Stanford Junior University
(B) RESIDENCE: (CITY & STATE OR COUNTRY) PALO ALTO, CA

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☒ Issue Fee

☒ Advance Order - # of Copies 10

4b. The following fees or deficiency in these fees should be charged to:

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

[Signature]

(Date)

19 May 2000

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

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O I P E
MAY 22 2000
PATENT & TRADEMARK OFFICE

TRANSMITTAL FORM (for all correspondence after initial filing)	Attorney Docket No. S98-216	Total Pages
	Application Number 09/437,735	
	Filing Date 11/9/99	
	First Named Inventor GREGORY T. EDWARDS	
	Group Art Unit 3737	
	Examiner G. MANUEL	

ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)	<input type="checkbox"/> Response to Notice of Missing Parts
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Small Entity Statement
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Declaration by Inventors
<input type="checkbox"/> Response/Amendment	<input type="checkbox"/> Assignment papers
<input type="checkbox"/> After Final Rejection	<input type="checkbox"/> Power of Attorney by Assignee
<input type="checkbox"/> After Allowance communication to Group	<input type="checkbox"/> IDS/PTO-1449
<input type="checkbox"/> with Corrected Drawing(s) Total Sheets: []	<input type="checkbox"/> with copies of cited references
<input type="checkbox"/> with Affidavits/Declarations	<input type="checkbox"/> New Power of Attorney and Revocation of Old
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Other: Issue Fee

SIGNATURE OF AGENT	
NAME	MAREK ALBOSZTA, REG. NO. 39,894
Signature	<i>Marek Alboszt</i>
Date	<i>19 May 2000</i>

Certificate of Mailing by "Regular Mail"	
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<i>Marek Alboszt</i> MAREK ALBOSZTA REG. NO. 39,894	DATE OF MAILING: <i>19 May 2000</i>



FEE TRANSMITTAL

Application Number:	09/437,735
Filing Date:	11/9/99
First Named Inventor:	Gregory T. Edwards
Title of Invention:	Method for Presenting High Level Interpretations of Eye Tracking Data Correlated to Saved Display Image
Group Art Unit:	3737
Examiner:	G. Manuel
Attorney Docket No.:	S98-216

Fee Calculation:for ☐ Large Entity / ☒ Small Entity.**Basic Billing Fee:**

☐ Utility Patent Application: \$760 / \$395 \$

☐ Provisional Patent Application: \$150 / \$75 \$

Claims:

☐ Number of Total Claims Over 20: ☐ x \$18 / \$9 = \$

☐ No. of Independent Claims Over 3: ☐ x \$89 / \$39 = \$

Other Fees:

☐ Extension of time, 1 month \$110 / \$55 \$

☐ Extension of time, 2 months \$380 / \$190 \$

☐ Extension of time, 3 months \$870 / \$435 \$

☐ Extension of time, 4 months \$1360 / \$680 \$

☐ Missing Parts Surcharge (Regular Application) \$130 / \$65 \$

☐ Missing Parts Surcharge (Provisional Application) \$50 / \$25 \$

☐ Recordation of Assignment Document \$40 \$

☒ Issue Fee \$1210 / \$605 \$ 605

☒ Printed Patent; Number of Copies: ☐ 10 x \$3 = \$ 30

TOTAL PAYMENT: \$ 635**Method of Payment:**☒ Payment Enclosed☒ Check**Signature of Applicant, Attorney, or Agent**


Marek Alboszta, Reg. No. 39,894

Date

19 May 2000